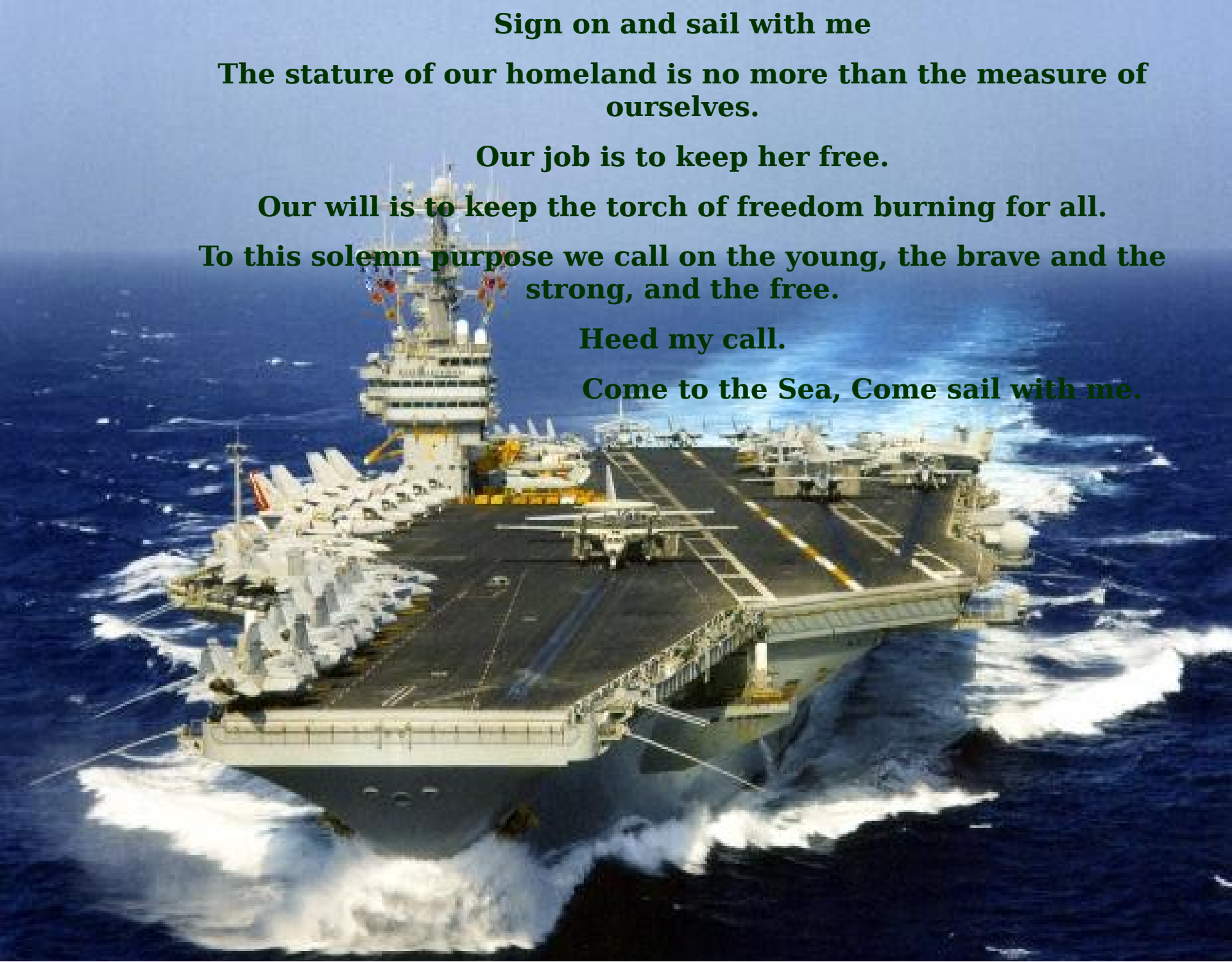

Sign on and sail with me
The stature of our homeland is no more than the measure of ourselves.
Our job is to keep her free.
Our will is to keep the torch of freedom burning for all.
To this solemn purpose we call on the young, the brave and the strong, and the free.
Heed my call.
Come to the Sea, Come sail with me.

TOPICS FOR DISCUSSION

- Chapter 18 Revisions
- MedBOLTT
- HIPAA
- LIMDU/Suitability
- Future Initiatives

CDR Edward S. Piskura, Jr., , MSC, USN

MED M3M12, Building 1, Room 1000

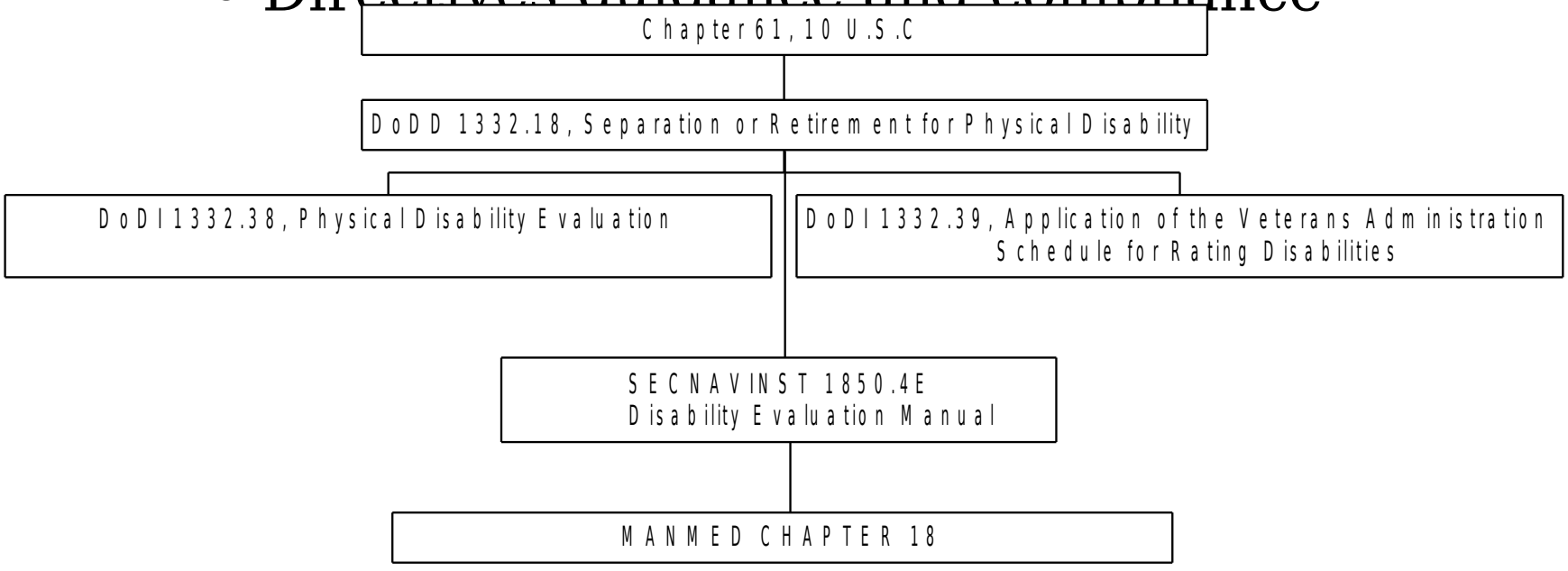
2300 E. Street, NW, Washington, DC 20372-5300

Tel: 202-762-3152 DSN: 762-3152 Fax: 202-762-3743

ESPiskura@us.med.navy.mil

DES GOVERNING DIRECTIVES

- 10 U.S.C. mandate to Disability Evaluation System
- Directives guidance and compliance


Chapter 61, 10 U.S.C
DoDD 1332.18, Separation or Retirement for Physical Disability
DoDI 1332.38, Physical Disability Evaluation
DoDI 1332.39, Application of the Veterans Administration Schedule for Rating Disabilities
SECNAVINST 1850.4E
Disability Evaluation Manual
MANMED CHAPTER 18

- Determinations between ADSEP and PEB
  - MILPERSMAN/HQMC Articles governing ADSEP

Chapter 18 SUMMARY OF CHANGES

In relation to the current Chapter 18, this revision:

--incorporates revisions to the Navy Disability Evaluation Manual, SECNAVINST 1850.4

--aggregates guidance on removal from full duty for medical reasons, including SIQ, Convalescent Leave, Light Duty, and Limited Duty

--incorporates HQMC and BUPERS changes to Limited Duty (LIMDU) initiation and reflects HQMC and BUPERS mandated differences in maximum time allowed for LIMDU

--clarifies confusing and often-misapplied language regarding definitions of a "medical board", fostering synchronized syntax among Navy Medicine, PERS, MMSR-4 and PEB

Chapter 18 SUMMARY OF CHANGES

In relation to the current Chapter 18, this revision:

--reflects changes in the permissible time period for submission of cases to the Physical Evaluation Board (derived in conjunction with PEB following Naval Audit study) from the previous "30 days from the date of the attending physician's decision to dictate a MEBR" to the new standard of "30 days from date of dictation by the attending physician of an MEBR."

--eliminates "Death Imminent" case procedures for submittal to the PEB.

--revises the "abbreviated limited duty medical board report" to enhance personnel accountability and medical documentation

Chapter 18 SUMMARY OF CHANGES

In relation to the current Chapter 18, this revision:

--clarifies who in Navy Medicine has "convening authority" for initiating medical evaluation board actions, specifically prohibiting MTFs without convening authority from unilaterally effecting medical evaluation boards while providing MTF Convening Authority/Commanders an opportunity to "move paper, not patients" throughout their respective Branch Medical Clinics as appropriate

--provides expanded information of unique cases involving recruits, reservists, and general/flag/medical corps officers relative to PEB submissions

--emphasizes protection of patient information privacy in the advent of HIPAA

Chapter 18 SUMMARY OF CHANGES

In relation to the current Chapter 18, this revision:

--delineates training responsibilities and suggested topics for providers, medical boards staff, and patients involved with Medical Evaluation Boards

--incorporates guidance emanating from DoD Instruction 6025.15 for reporting applicable cases to the Defense Practitioner Data Bank (DPDB)

--provides guidance on determining "end of career" MEB actions and elective medical care, including a discussion of the notion of "fitness to separate" relative to separation physical examinations

--provides enhanced references for additional research

(5) This chapter of the Manual of the Medical Department:

(a) Reiterates that MEB and MEBR operations are significant and vital components of appropriate patient care, as well as compelling readiness issues whose appropriate execution serves as a tangible force multiplier;

(b) Defines the processes by which Navy and Marine Corps members are removed from full duty for medical reasons, including “light duty” and “limited duty”;

(c) Delineates the operations, responsibilities, and composition of Medical Evaluation Boards (MEBs);

(d) Identifies unique parameters of MEB evaluation of cases of Recruits, Reservists,

(5) This chapter of the Manual of the Medical Department:

(e) Provides processes for referral of MEB cases into the Navy Disability Evaluation System, including MTF processing responsibilities and conditions not meriting referral to the Disability Evaluation System; and

(f) Provides key references for additional research.

Note on the use of this chapter: The optimal use of this chapter will be derived by reading it in its entirety, and comprehensively reading the resources referenced within. However, owing to the complexity of the subject matter, topics have been presented in sufficient detail that the sections of the chapter can “stand alone” for those requiring rapid information on a specific topic. Accordingly, much of

HIPAA Privacy

- **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct
- **P**rotected **H**ealth **I**nformation (PHI)
  - Identifies, or leads to reasonable basis to believe that it identifies, an individual
  - “Use” = within the organization maintaining the information
  - “Disclosure” = information passes in any manner outside the maintaining organization

HIPAA Privacy

- Federal Register of April 9, 2003, Volume 68, Number 68, page 17357

  "3. *Purposes for Which the Protected Health Information May Be Uses or Disclosed.* For purposes of paragraph 1, the purposes for which any and all of the protection health information of an individual who is a member of the Armed Forces may be used or disclosed are the following:

  3.1. To determine the member's fitness for duty, including but not limited to the member's compliance with standards and all activities carried out under the authority of …DoD Instruction 1332.38, "Physical Disability Evaluation."

Medical **B**oard **O**n**L**ine **T**riservice **T**racking

- Replacement for Medical Board Tracking Application (MBTA)
- Anticipated Deployment = ????????

- NMIMC Contract; Contractor = MAXIMUS
- Web/internet based; HIPAA-compliant; multi-level access for both patient and Medical Boards/PEBLO

MedBOLTT Overview

- Tracks all aspects of MEBs and MEBRs
  - PEB Final findings
  - LIMDU cases (longitudinally throughout a career and across all MTFs)
  - Returned to Full Duty entries
- Provides views of all current and historical MEBs
  - Vital to assisting service headquarters and parent commands with appropriate personnel community management
- Offers prompts on action items due for each user at each log-on

- Next Phase Enhancements (pending additional development $$):
  - Direct Population of fields from DEERS
  - Ability for parent commands to access for status of personnel (similar to BUPERS Access for e.g., promotion results)
  - Support USN MTF boards on Soldiers and Airmen (forms)

MANMED 18-10 “Limited Duty” (6)

Number of Periods of Limited Duty per a career is set at a maximum of two (2) periods, not to exceed 16 months cumulatively. The underlying logic of establishing a career maximum for LIMDU periods is to ensure that, rather than undergoing multiple consecutive periods of LIMDU for the same or closely interrelated diagnoses, patients are either returned to full duty or referred for Disability Evaluation System adjudication as clinical circumstances dictate. Any exception to this maximum of 2 LIMDU periods must be requested from the respective service

Waivers to the the career maximum for LIMDU periods are evaluated by the respective service headquarters on a case-by-case basis; the clinical impressions and findings forwarded by the MTF are essential factors to this service headquarters’ review process. Reviews will consider whether the requested LIMDU periods requested in excess of the "two per career" policy are separated by lengthy time periods and/or involve unrelated diagnoses and different body systems. MTFs are to ascertain information on the number of previous LIMDU periods through interviews of patients (see article 18-9), medical records

1008 Medical Board Evaluations and Temporary Limited Duty (TLD) Processing Standards

b. "Members should be placed on TLD when the prognosis is that the member can be restored to full military duty within a reasonable period of time, usually 16 months or less. The period of TLD shall be the number of months needed to correct the incapacity, applying generally accepted medical standards of practice."

1008 Medical Board Evaluations and Temporary Limited Duty (TLD) Processing Standards

b. (1) U. S. Navy (a) "Active Duty: TLD periods shall not exceed 16 months, per career, cumulative. Extensions may be authorized by CHNAVPERS (PERS-821) on a case-by-case basis."

(2) U. S. Marine Corps (a) "Active Duty…3. After 16 months of LIMDU, CMC (MMSR-4) will forward MEBs to the PEB. However, CMC (MMSR-4) reserves the prerogative to authorize an

SECNAVINST 1850.4E on PEB Referral

8001 e. "Any condition that appears to significantly interfere with performance of duties appropriate to a service member's office, grade, rank or rating will be considered for MEB evaluation. The MEB shall conform to the following general guidelines:

… (6) refer to the PEB if *optimal medical treatment* has been received in accordance with service specific guidelines (emphasis added)"

8001 f. "Whenever possible, members

SECNAVINST 1850.4E on PEB Referral

8001 g. "Although not specifically mentioned after each of these illnesses/injuries, the physician should be aware that the presence of the condition alone is often not a criteria for submission of a MEB report—the member *must have been tried on appropriate courses of medication (and proper use of LIMDU status), been unresponsive to them*, and required untoward number of visits for medical care or hospitalizations…(emphasis added)

EXAMPLES: CONDITIONS NOT DISABILITY

--Enuresis --Somnambulism --Dyslexia

--Obesity --Overheight --Motion Sickness

--Attention Deficit Hyperactivity Disorder-- Certain anemias

--Stammering or Stuttering

--Psuedofolliculitis barbae

--Hyperlidemia --Mental Retardation

-- Personality Disorders --Impulse Control Disorders

--Adjustment Disorders --Factitious Disorder

--Sexual Gender/Identity Disorders --Homosexuality

-- Uniform clothing allergy --Long Sleeper Syndrome

-- Insect Venom significant allergies

--Unsanitary habits

18-1. Chapter 18 Overview, and Definition of MEBs and MEBRs

(1) “Naval Medicine will evaluate each instance in the career of a Navy and Marine Corps active duty service member (ADSM) in which a medical condition will be responsible for the member’s inability to operate in a full duty status for 30 days’ or greater duration to determine whether the member will be placed on Temporary Limited Duty and /or referred into the Disability Evaluation System.”

Implementation of this evaluation may actually increase the number of Sailors placed on limited duty by recommending for LIMDU all those members who are not in a full duty status after 30 days irrespective of their duty station or

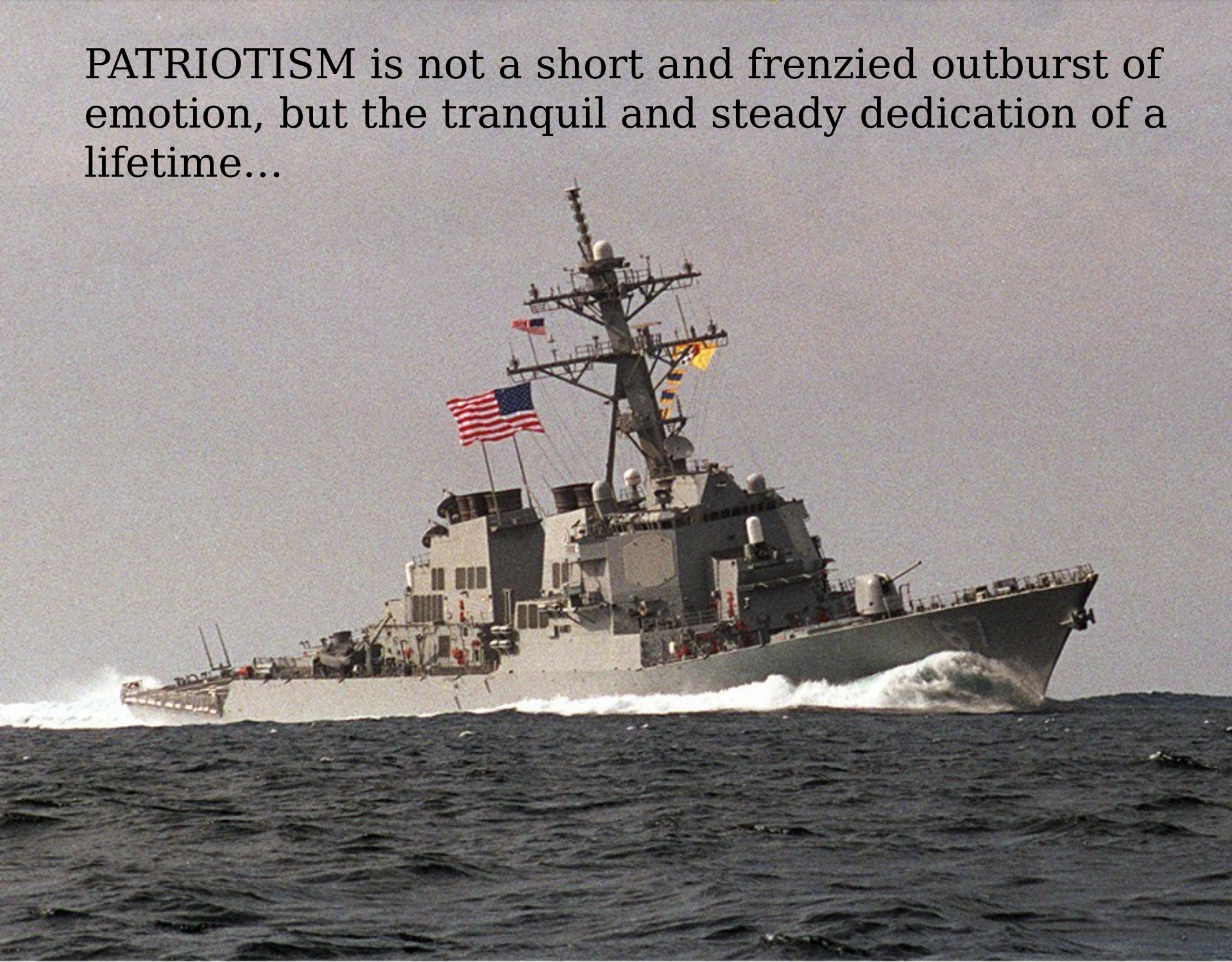
18-25: Care at the End of Active Duty, Medical Care Subsequent to Submission of a Case to the PEB, and Fitness to Separate

(1) Care at the End of Active Duty Marine and Navy Members in the waning aspects of their service facing non-punative separation—whether due to voluntary longevity retirement, or voluntary separation at End of Active Obligated Service (e.g., EAS or EAOS), or involuntary separation (e.g., High Year Tenure or an ongoing case being adjudicated via the Disability Evaluation System)—often encounter situations requiring a difficult resolution of whether a health problem should force their *being retained on active duty beyond the previously-established date of separation.* These cases are increasingly difficult given that separation from active duty decisions are personnel actions that must be effected in compliance with the federal laws regulating eligibility for care within the DoD Military Health System. *Accordingly, when a separation*

18-25: Care at the End of Active Duty, Medical Care Subsequent to Submission of a Case to the PEB, and Fitness to Separate

. Only the respective service headquarters can alter a servicemember's date of discharge. MTFs caring for patients who have an impending separation date who present with or incur conditions for which care is neither deferrable nor elective—and for which the course of care cannot be completed prior to the scheduled separation date—must ensure that respective service headquarters are made aware of such situations immediately. For patients whose care is deferrable and/or elective, *it is not appropriate for MTFs caring for patients with an impending separation date who present with conditions for which care is deferrable and elective to attempt to forestall the established separation or retirement date. MTF staffs shall be attentive in these situations to not*

PATRIOTISM is not a short and frenzied outburst of emotion, but the tranquil and steady dedication of a lifetime…



DEPARTMENT OF THE NAVY
BUREAU OF MEDICINE AND SURGERY

MILPERSMAN 1910-112: PREGNANCY

“ Members who are pregnant, and medical authorities certify in writing that the pregnancy existed prior to entry into the service, will be separated by reason of Defective Enlistments and Inductions--Erroneous Enlistment (MILPERSMAN 1910-130) and shall be separated without medical benefits.”

MILPERSMAN 1910-120: Physical or Mental Conditions

- **Details actions for conditions "not necessarily amounting to disability"**
- **"Medical or physical conditions of a temporary or short term (2 years or less) expectancy will not be processed per this article."**
- ***Member may request* separation under this article after a PEB finding of FIT and exhaustion of "all medical avenues of relief"**
- **"Personnel assigned Limited Duty (LIMDU) will not be processed per this article."**

MILPERSMAN 1910-122: Personality Disorder(s)

- **ADSEP may be appropriate when *severe* disorder:**
  - **significantly impairs member's ability to function in Naval environment, and**
  - **the impairment interferes with the member's performance of duty, or**
  - **the impairment poses a threat to the safety or well being of the member**
- **ADSEP for personality disorder is *not appropriate when separation is warranted for any other reason***
- **Mental Health Professional (MHP: psychiatrist or clinical psychologist)**

MILPERSMAN 1910-130: Erroneous Enlistment

- **Defect which would have precluded enlistment had Navy known relevant facts AND defect remains unchanged in any material respect AND enlistment was NOT the result of member's fraudulent conduct**
- **Regarding Physical Standards:**
  - **"If there is *any question* as to whether the condition actually *existed prior to entry* or whether the condition *was aggravated* at any time after the member was enlisted or inducted, a *medical board will be convened.***
  - **ADSEP is *inappropriate* if the member has an unfitting disability IAW**

PHYSICAL EVALUATON BOARD LIAISON OFFICER CONFERENCE

MAY 2004

CDR EDWARD S. PISKURA, JR., MSC, USN